	UNIFURM B	n			n				
DOCUMENT # P96000104341 1. Entity Name					FILED Mar 17, 2000 8:00 am				
VIDA Y E	ESTILO CORP.				Secr	etary (of Sta	te	
Principal Place of Business Mailing Address					03-1 /-	2000 90009 0	30 1130.0	<i>,</i> 0	
410 ESPANOLA WAY MIAMI-BEACH-FL-33139		410 ESPANOLA WAY MIAMI BEACH FL 33139-812			-				
US		U\$	•						
3 Principal P	ace of Business	3 Mailing Addraes	3. Mailing Address				een eleki kul ek		
	ace of Business				***************************************			JOS PLOS SERI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO N	OT WRITE IN THI	3 SPACE		
City & State		City & State			FEI Number 65-0	711588	No	oplied For ot Applicable	
Žip	Country	Zip	Country	5.	Certificate of Status I	esired	\$8.75 Add Fee Require		
	6. Name and Address of C	urrent Registered Agent	Name		Name and Address	of New Registere	i Agent		
BUFARAH, JAMIL D				DIB B., JAMIL F. Street Address (P.O. Box Number is Not Acceptable)					
1500 BAY RD., #1109			Street	Address (P.U.	——————————————————————————————————————				
MAN	AI FL 33139		<u> </u>	1 E. Tr	ceasure Dr.	# 2110			
			City	North Ba		F	L Zip Cod	41	
8. The above	named entity submits this stater	ment for the purpose of changing its	registered office	or registered a	gent, or both, in the St	ate of Florida.			
SIGNATURE _	ر قو کور								
	Signature, typed or printed name of register		: Registered Agent sig		reinstating)	DATE			
				\$550.00	- 10. Election Cam Trust Fund Co			May Be	
<u> </u>	ia on back)	Make Check Payab			DDITIONS/CHANGES				
11.	PVD	S AND DIRECTORS Delete	12.	 ^	DDI HONS/CHANGES	TO OFFICERS AI	Change	Addition	
NAME	BUFARAH, JAMIL D 8010 WES DR.		NAME STREET ADDRES	7/04	., JAMIL F. E. Treasure	Dr. # 2	110		
STREET ADDRESS CITY - ST- ZIP	MIAMI FL 33141		CITY-ST-ZIP	~ · · · · ·	Bay Village		<u> </u>		
TITLE	SD RASSI, JOSE SIMON J	☐ Delete	TITLE NAME	TACOBO	י דרופה פ		☐ Change	☐ Addition	
NAME STREET ADDRESS			STREET ADDRES	s 6767 (JACOBO R., JOSE S. 6767 Collins Ave. # 703 Miami Beach, FL 33141				
CITY -ST - ZIP	MIAMI FL 33141 TD	No.	CITY-ST-ZIP	Miami	Beach, FL 3	3141	Change	Addition	
TITLE NAME	ELIAS, JORGE E	💢 Delete	TITLE NAME				□ Change		
STREET ADDRESS CITY-ST-ZIP	2899 COLLINS AVENUE, # MIAMI BEACH FL 33139	¥1433	STREET ADDRES	s					
TITLE	WARNII BERCITTE GOTGO	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRES	s					
CITY-ST-ZIP			CITY-ST-ZIP			 ,			
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition Addition	
STREET ADDRESS			STREET ADDRES	s					
CITY-ST-ZIP		Delete	CITY-ST-ZIP				☐ Change	Addition	
NAME		.i_ Delete	NAME	~~			_ Grange		
STREET ADDRESS (CITY-ST-ZIP			STREET ADDRES CITY-ST-ZIP	S					
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other-like empowered.									
SIGNATURE: 03 - 14 - 00									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #									